

**Declaration of Estimated City Income Tax** (also serves as Voucher 1)**2012**

Your first name and initial	Last name	Primary Social Security Number	Check this box if: <input type="checkbox"/> <b>AMENDED</b> tax year _____
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number (if joint)	
Home address (number and street).		Apt. no.	CITY OF RESIDENCE:
City, town or post office, state, and ZIP code.			
Trade Name		Nature of Business	CURRENT EMPLOYER'S NAME AND ADDRESS:
CITY OR CITIES OF INCOME:			
1-	5-		DID YOU FILE A CITY INCOME TAX RETURN FOR THE PREVIOUS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FROM WHAT ADDRESS?
2-	6-		
3-	7-		
4-	8-		

Column A CITY	C O D E	Column B ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS ETC.	Column C ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column D TOTAL NET ESTIMATED INCOME	TAX RATE	Column E ESTIMATED TAX DUE	Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	Column G ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
COLUMBUS	01				2.5%			
GROVEPORT	09				2.0%			
OBETZ	10				2.0%			
CANAL WINCHESTER	11				2.0%			
MARBLE CLIFF	13				2.0%		*	
BRICE	14				2.0%			
HARRISBURG	16				1.0%		*	
ALTERNATE CITY								


\*NOTE: RESIDENTS OF HARRISBURG OR MARBLE CLIFF MAY ONLY SHOW CREDIT FOR TAXES TO BE WITHHELD TO THEIR RESIDENT CITY (COLUMN F).


1. TOTAL NET ESTIMATED TAX DUE (MUST EQUAL THE TOTAL OF COLUMN G).....	1	\$
2. LESS: OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN.....	2	\$
3. CREDIT PREVIOUS DECLARATION PAYMENTS (IF AN AMENDED DECLARATION) .....	3	\$
3A. TOTAL CREDITS (ADD LINES 2 AND 3)..... DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)	3A	\$
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1).....	4	\$
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) .....	5	\$
6. ESTIMATED TAX BALANCE PAYABLE (PAYABLE IN EQUAL INSTALLMENTS FOR EACH QUARTER) USE FORM IR-18.....	6	\$

(July, October 2012 & January 2013)

**SIGNATURE**

I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration of estimated income subject to city income tax for the period stated above.

**Sign Here**  \_\_\_\_\_  
Signature Date

 \_\_\_\_\_  
Spouse's Signature Date

**This Form is Voucher 1**

If you are required to make estimated tax payments, you are required to file this form.

Make a copy of this form for your records.

**MAILING INFORMATION****NO Payment Enclosed:**

Mail to: Columbus Income Tax Division  
PO Box 182437  
Columbus, Ohio 43218-2437

*This form may be  
electronically filed and paid at  
[www.columbus-tax.net](http://www.columbus-tax.net)*

**Payment Enclosed:**

Make payable to: CITY TREASURER  
Mail to: Columbus Income Tax Division  
PO Box 182158  
Columbus, Ohio 43218-2158